

SCOTLAND PHYSICIANS

Patient Name _____

NETWORK

Approved discount _____

An Affiliate of Scotland Health Care System

Approved by _____

Date approved _____

POLICY AND PROCEDURES

Policy Manual : Scotland Physician's Network	Policy #:
Category/Subject: Sliding fee Discounts	Date issued: 12/2012
Contact Department: Scotland Physician's Network	Date(s) Revised: 08/2017, 10/2017, 11/2018, 04/2019, 09/2019, 02/2020, 04/2020, 7/2020, 02/2021, 2/2024
Date(s) reviewed: 12/08;12/12;10/16;08/17;09/17;10/17;11/18; 04/19; 09/19;02/20; 4/20; 7/20; 2/21;2/24	

Policy

To promote access to preventative and illness care for uninsured and underinsured low-income persons to all Scotland Health Care System's primary care and OB/GYN practice patients who meet the eligibility requirements outlined in this policy will qualify for a discount applied against charges. These Practices will offer a Sliding Fee Discount Program to all who are unable to pay for their service. These Practices will base program eligibility on family size and income and will not discriminate based on an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. No one is refused services because of lack of financial means to pay,

All medically necessary services provided by the Practices will be covered under the sliding fee scale discount.

Charges are to be posted to the patient account based on the standard charges of the Practice. Sliding fee discounts will be applied after all payments for the dates of services rendered have been received, using the appropriate adjustment type/code(s) as determined by the Vice President of Finance. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule to determine eligibility (Appendix A).

Definitions

- Underinsured: Patients covered by a source of third-party funding, but at risk of high out-of-pocket expenditures due to their plan's benefit package or who are not covered under an insurance health plan. This may include, but is not limited to, high deductible plans, high coinsurance/copays plans, low per diem policies, etc.

PURPOSE

To govern the use of sliding fee discounts

PROCEDURE

Notification: Patients will be notified of the Sliding Fee Discount Program by:

- Providing each patient notification of the program at every visit and interested patients will be offered an application for the program
- Displaying notification about the program in the practice waiting area
- Making the program policy and applications available at www.scotlandhealth.org

Request for Discounts: Request for discounted services may be initiated by patients, family members, social service staff, or others who have awareness of the existing financial hardship. The sliding fee schedule discount program will only be made available to the practice visits.

Eligibility Requirements:

- Any person that does not have health insurance or meets underinsured definition may be considered for the sliding fee discount. All patients seeking health care at Scotland Health Care System's primary care, OB/GYN and Specialty practices are assured they will be served regardless of inability to pay.
- The responsible person will offer the patient a sliding fee discount application to provide information to assist them in the determination of eligibility.
- Patients with approved applications (Appendix B) will be notified to re-apply at the end of the 6-month eligibility period. Changes in the number of family members and financial status are to be disclosed.

Eligibility:

Sliding fee discounts will be based on income and family size only utilizing the Census Bureau definitions of each:

- 2 most recent paycheck stubs
- Income tax return from the most recently filed calendar year
- Forms indicating approval or denial of unemployment compensation benefits
- Attestation statement of unemployment or no income

Applicant Notification and Records

All determinations of eligibility and discount calculations will be made by the Sr. Director of Patient Financial Services or his/her designee. Sliding Fee Discount Program applications cover

outstanding patient balances for six months prior to the application date and any balances incurred within 6 months after the approval date, unless their financial situations change significantly. Once the approval or denial for the Sliding Fee Discount has been determined, the patient(s) will then be notified in writing by the Practice Manager or designated staff member. A copy of approved Sliding Fee Application will be scanned into the patient's chart.

Inability to Pay:

Payment is requested at time of service by cash, credit card, or check. Patient who expresses inability to pay will not be refused services.

Refusal to Pay:

Patients will be billed periodically for all outstanding balances. Unpaid balance with satisfactory payment arrangements may be sent to collection after 3 billing cycles.

Annual Policy and Procedure Review:

Annual budget process, an estimated amount of the Sliding Fee Discount Program service will be placed into the budget as a deduction of revenue. Board approval for sliding Fee Discount Program will be sought as an integral part of the annual budget.

Appendix A Sliding Fee Discount Schedule (Attached)

Appendix A Sliding fee Schedule for 2024

FPL	101- 125% FPL	126- 150% FPL	151- 175% FPL	176- 200% FPL	201% FPL and above
100% and below					

Household Size	100%	80%	60%	40%	20%	0%
1	0 - \$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121 and above
2	0 - \$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881 and above
3	0 - \$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641 and above
4	0 - \$31,200	\$31,201 - \$39,000	\$39,001 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401 and above
5	0 - \$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161 and above
6	0 - \$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921 and above
7	0 - \$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681 and above
8	0 - \$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441 and above
More than 8	add \$5,380 for each additional person					

Appendix B

Sliding Fee Discount Application

- It is the policy of Scotland Physician Network’s primary care clinics to provide necessary services regardless of the patient’s ability to pay. All Scotland Health Care System primary care and OB/GYN practices offer discounts based on family size and annual income.

The discount will apply to all medically necessary services received at these clinics, but not those services or equipment that are purchased from outside, including laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 6 months or if our financial situation changes.

Name of Head of Household				
Street	City	State	Zip code	Phone

List yourself, spouse, and any dependents under the age of 18.

Name	Date of Birth	Name	Date of Birth
Self		Spouse	
Dependent		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total	Office Use only verification
Gross wages, salaries tips, etc.					
Income from business, self-employment, & Dependents					
Unemployment comp, workers comp, SSI, Supplement income, public assist, veterans, survivor, benefit pension or retirement					
Interest, rent, royalties alimony, child support, other misc sources					
TOTAL INCOME					

Note: Copies of tax returns, pay stubs, or other information verifying income may be required

I certify that the family size & income information shown above is correct. I give my permission for this information to be used as appropriate for accounting & authorization purposes.

Name(Print)	Signature	date
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